

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

101 596/167

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4		/					54						
5			/				55						
6		/					56						
7			/				57						
8		/					58						
9			/				59						
10		/					60						
11			/				61						
12		/					62						
13			/				63						
14		/					64						
15			/				65						
16		/					66						
17			/				67						
18		/					68						
19	/						69						
20		/					70						
21	/						71						
22		/					72						
23			/				73						
24		/					74						
25		/					75						
26							76						
27							77						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	21	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	25						TOTAL CLAIMS						